

ED MAY 14 1943

Registration District No. **243**

Primary Registration District No. **5833**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Newton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural Stark City
(If outside city or town limits, write "RURAL")

(d) Street No. Stark Route
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME James S. Slayden

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Martina Slayden

6. (c) Age of husband or wife if alive, years ---

7. Birth date of deceased April 14 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

06 11 18 hr. min.

9. Birthplace Independence Co., Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ---

MOTHER FATHER

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Grover C. Saxon

(b) Address Stark City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4/4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lees Chapel Batesville

18. (a) Signature of funeral director Wm. Morris Bogie

(b) Address Wheaton, Mo.

19. (a) 5-1-1943 (Date received local registrar)

(b) Alpha R. Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1943 hour 4 minute --- A. M.

21. I hereby certify that I attended the deceased from Apr 2 1943 to Apr 2 1943
that I last saw him alive on Apr 2 - 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Duration A.K.

Due to ---

Due to ---

Other conditions Prostatitis
(Include pregnancy within 3 months of death)

Major findings: 95C2

Of operations ---

Of autopsy ---

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---

(b) Date of occurrence ---

(c) Where did injury occur? ---
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? --- (Specify type of place)

(e) Means of injury ---

23. Signature R. E. Rolans (M. D. or other)

Stanley Mo Date signed 4-2-43

Date Received MAY 5 1943
File No. - 543-78

MAY 11 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Wm. Maxwell Payne
Licensed Embalmer No. 3482
P. O. Address Wheaton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.